

SOS APA Form 001
Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME: MS Department of Human Services		CONTACT PERSON: Carolyn Gremillion	TELEPHONE NUMBER: 601-359-2680	
ADDRESS: 750 North State Street		CITY: Jackson	STATE: MS	ZIP: 39202
EMAIL: Carolyn.gremillion@mdhs.ms.gov	SUBMIT DATE 6/3/11	Name or number of rule(s): DFCS Policy, Section B		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Adopted with Changes.
Specific legal authority authorizing the promulgation of rule: Miss. Code ann. 43-15-3; 43-21-353; 43-21-101; 43-21-303; 97-5-1;
43-21-359; 43-21-354

List all rules repealed, amended, or suspended by the proposed rule: Adopted with changes, MDHS DFCS Policy Section B

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

X ☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

X ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

_____ Original filing
_____ Renewal of effectiveness
To be in effect in _____ days
Effective date:
_____ Immediately upon filing
_____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
_____ New rule(s)
_____ Amendment to existing rule(s)
_____ Repeal of existing rule(s)
_____ Adoption by reference
Proposed final effective date:
_____ 30 days after filing
_____ Other (specify): _____

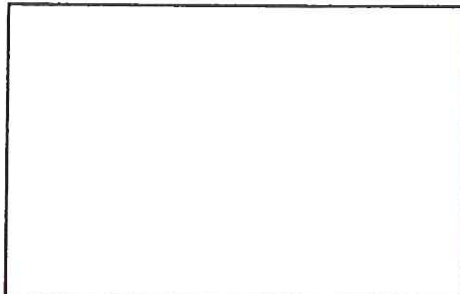
FINAL ACTION ON RULES

Date Proposed Rule Filed: _____
Action taken:
_____ Adopted with no changes in text
X _____ Adopted with changes
_____ Adopted by reference
_____ Withdrawn
_____ Repeal adopted as proposed
Effective date:
_____ 30 days after filing
_____ Other (specify): _____

Printed name and Title of person authorized to file rules: Carolyn Gremillion, Bureau Director

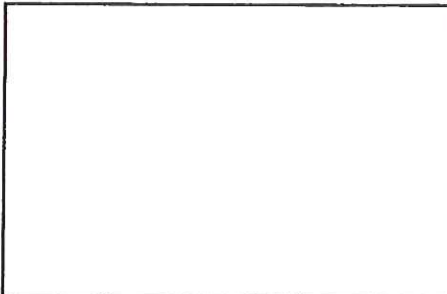
Signature of person authorized to file rules: *Carolyn Gremillion*

OFFICIAL FILING STAMP



Accepted for filing by

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Accepted for filing by CB17809E

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.